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**MEMORANDUM**

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Date: February 3, 2016

Subject: 2016 Protocol Changes

**Initial Patient Care Protocol (p. 6)**

Under *Initial Interventions*, added maintaining normal patient temperature.

**Amputated Part (p. 13)**

Reference to pain control removed, providers should follow pain control protocol.

**Asthma and COPD (p. 15)**

COPD added to protocol title.

Consideration of CPAP moved Basic Care Guideline.

Albuterol dosage changed to 5.0 mg, repeat as necessary from 2.5 mg

**Burns (p. 17)**

Protocol formatting and wording changes.

Cover the burned area with plastic wrap or a “clean” dry dressing changed from “sterile”

**Shock (p. 38)**

*Hypovolemic Internal Bleeding:*

Consider use of pelvic stabilizer for pelvis fractures added

**Trauma (p. 44)**

Protocol formatting and wording changes:

*Hemorrhage Control Protocol*-elevation and pressure points removed.

If bleeding site is not amenable to tourniquet placement (i.e. junctional injury), apply a topical hemostatic agent with direct pressure-added

If radial pulse is absent or systolic blood pressure is less than 90 mmHg, administer 20ml/kg, up to 250ml, NS or LR. Repeat as needed to until radial pulse returns or systolic blood pressure reaches 90 mmHg.

*Chest Trauma:* needle decompression for pneumothorax added

*Head, Neck and Face Trauma:* Spinal immobilization removed,

### **Trauma (cont.)**

Added: Consider eye shield for any significant eye trauma. If the globe is avulsed, do not put it back into socket: cover with moist saline dressing and then place cup over it.

### **Pediatric Initial Patient Care Protocol (p. 48)**

Under *Initial Interventions*, added maintaining normal patient temperature.

### **Pediatric Asthma (p. 55)**

Epinephrine dose: changed from *0.01 mg/kg SC or IM repeated up to a maximum dose of .03-.05 mg* to administration according to length/weight based tape.

### **Pediatric Burns (p. 56)**

Protocol formatting and wording changes.

Cover the burned area with plastic wrap or a “clean” dry dressing changed from “sterile”

### **Pediatric Trauma (p. 75)**

Protocol formatting and wording changes.

*Hemorrhage Control Protocol*-elevation and pressure points removed.

If bleeding site is not amenable to tourniquet placement (i.e. junctional injury), apply a topical hemostatic agent with direct pressure-added

*Head, Neck and Face Trauma:*

Spinal immobilization removed

Added: Consider eye shield for any significant eye trauma. If the globe is avulsed, do not put it back into socket: cover with moist saline dressing and then place cup over it.